

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000103807

FILED
Apr 05, 2006
Secretary of State

Entity Name: PUERTO RICO ACUTE CARE SPECIALISTS, L.L.C.

Current Principal Place of Business:

C/O WHITE & CASE LLP
200 SOUTH BISCAYNE BLVD., SUITE 4900
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

C/O WHITE & CASE LLP
200 SOUTH BISCAYNE BLVD., SUITE 4900
MIAMI, FL 33131

New Mailing Address:

PO BOX 266211
WESTON, FL 333266211

FEI Number: 20-3664997

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YOUNG, LAUREN B
C/O WHITE & CASE LLP
200 SOUTH BISCAYNE BLVD., SUITE 4900
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MMBR () Change (X) Addition
Name: ZAFFOS, STEVEN
Address: PO BOX 266211
City-St-Zip: WESTON, FL 333266211

Title: MMBR () Change (X) Addition
Name: ARMAS, JOSE
Address: PO BOX 266211
City-St-Zip: WESTON, FL 333266211

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: STEVEN ZAFFOS

MMBR

04/05/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date